

APPROVED
AND
FILED

PJ 183

04 OCT 26 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000028146

1. Corporation Name

HOMEESAH, INC.

2. Principal Office Address

902 NW 1st Street

Suite, Apt. #, etc.

City & State

Delray Beach, Fl

Zip

33444

Country

USA

3. Mailing Office Address

902 NW 1st Street

Suite, Apt. #, etc.

City & State

Delray Beach, Fl

Zip

33444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/02

5. FEI Number

01-0618282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Neeck Simeus

Street Address (P.O. Box Number is Not Acceptable)

902 NW 1st Street

Suite, Apt. #, Etc.

City

Delray Beach,

State
FL

Zip Code

33444

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/19/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Neeck Simeus	902 NW 1st Street	Delray Beach, Fl 33444
V-P	Valande Simeus	902 NW 1st Street	Delray Beach, Fl 33444

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/04

Date

(561)

Daytime Phone #

441-1058

CR2E081 (01/04)

PS 2 7 3

HOMEEESAH, INC.
902 N.W. 1ST Street
Delray Beach, Florida 33444
561-441-1058

October 19, 2004

Attention Reinstatement Department

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

RE: Corporate Name: Homeesah, Inc.
Waiver of Reinstatement Fee
Petition For Reinstatement
Document #: P02000028146

Dear Sir or Madam:

Please be advised that this letter serves to memorialize our conversation with regards to the above-referenced corporate matters, with one of your administrative assistance today, in the Reinstatement Department.

We have just learned that our corporation was dissolved on October 1, 2004, due to failure of the filing of the Profit Corporation Uniform Business Report. We have not received a UBR report for the previous year. Therefore, we are requesting a waiver of the reinstatement fee, as a direct result of same.

Enclosed herewith, please find a check in the amount of \$150 for year 2004. Would you please follow-up with a correspondence which confirms that the corporation has been reinstated. Thank you for your condescension in this regard.

0373

Attention Reinstatement Department

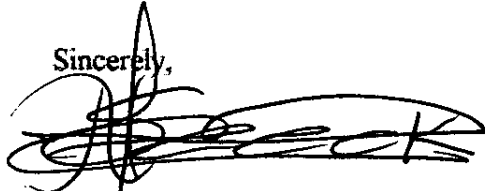
Department of State

Division of Corporations

October 19, 2004

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Sincerely,

A handwritten signature in black ink, appearing to read "Neeck Simeus", written over a horizontal line.

Neeck Simeus
President

Enclosure